



HAWAII STATE ETHICS COMMISSION  
1001 BISHOP STREET, ASB TOWER 970  
P.O. BOX 616, HONOLULU, HAWAII 96809  
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THIS SPACE FOR OFFICE USE ONLY

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STATE OF HAWAII  
STATE ETHICS COMMISSION

## LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PART I LOBBYIST			
NAME (Last)	(First)	(Middle)	TELEPHONE
Dunn	Scott	H	358-8300
MAILING ADDRESS (Street)			FAX
770 Kapiolani Blvd. #			589-2609
(City)	(State)	(Zip Code)	
Hon.	HI	96813	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
SHOPO			358-8300
MAILING ADDRESS (Street)			FAX
1717 Hae St.			589-2609
(City)	(State)	(Zip Code)	
Hon.	HI	96819	

PART II ORGANIZATION			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)			TELEPHONE
State of Hawaii Organization of Police Officer			847-4676
MAILING ADDRESS (Street)			FAX
1717 Hae Street			841-4818
(City)	(State)	(Zip Code)	
Hon.	HI	96819	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT			TELEPHONE
Rosale Isoda			847-4676
MAILING ADDRESS (Street)			FAX
1717 Hae St.			841-4818
(City)	(State)	(Zip Code)	
Hon.	HI	96819	

**PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY**

Agriculture	Education	Human Services	Science, Technology & Economic Development
Communications & Public Utilities	Government Operations & Finance	Intergovernmental Relations, International Affairs	Tourism & Recreation
Consumer Protection & Commerce	Hawaiian Affairs	Labor & Employment	Transportation
Culture, Arts, Historic Preservation	Health	Planning, Land & Water Use Management	Other: (indicate below)
Ecology, Energy Environmental Protection	Housing	Public Safety & Corrections	

**PART IV CERTIFICATION OF LOBBYIST**

I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.

(Signature of Lobbyist)

(Date)

11/02/07

**PART V AUTHORIZATION TO LOBBY**

NAME TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED

SHOLO

NAME OF ORGANIZATION (if applicable)

SHOLO

TELEPHONE

847-4676

MAILING ADDRESS (Street)

1717 Hoe St.

FAX

841-4818

(City)

Hon

(State)

HI

(Zip Code)

96819

I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.

(Signature of Authorizing Officer or Person Represented)

(Date)

SHOLO EX. DIRECTOR

1-2-07